

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08817549

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	/		/			
4	3		/			
5	2					
6	5					
7	5					
8	2					
9	1					
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12	2					
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TOTAL IND.						
TOTAL DEP.		11				
TOTAL CLAIMS		15				

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IND.	DEP.	IND.	DEP.
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TOTAL DEP.			
TOTAL CLAIMS			